



Federal Executive Board Greater Los Angeles Pre-Retirement Training

NATIONALLY KNOWN PRESENTER WITH EXCELLENT CREDENTIALS IS COMING
TO SOUTHERN CALIFORNIA—BACK BY POPULAR DEMAND!
SPACE IS LIMITED, COMPLETE REGISTRATION ON REVERSE

January 26, 2009: CSRS and CSRS Offset

(8:00 a.m. to 4:00 p.m. - \$85/per person)

January 27, 2009: FERS and those who have transferred to FERS

(8:00 a.m. to 4:00 p.m. - \$85/per person)

**Place: 501 W. Ocean Boulevard, Room 3470
Long Beach, CA 90802**

Each Course Includes:

- Creditable Service, i.e., military
- Retirement Options and Eligibility
- Computing Annuities
- Selecting a Retirement Date
- High-3 Average Salary
- Survivor Benefit Elections
- Death Benefits
- COLAs
- Health and Life Insurance
- Medicare and Social Security
- Thrift Savings Plan
- Federal Long Term Care

**Registration Fee:
\$85/per person**

*(Spouses may attend free of charge
on space availability basis)*

The presentations include
employees covered under the special provisions for
Law Enforcement Officers, Fire Fighters, Air Traffic
Controllers, and Military Reserve Technicians.

**(Please bring your recent SF 50, Leave and Earning
Statement, Social Security or other retirement state-
ment to assist with your specific questions)**



**Federal Executive Board
Greater Los Angeles
501 W. Ocean Blvd, Suite 3200
Long Beach, CA 90802**

Phone: 562-951-6970

Fax: 562-951-6902

Email:

RayNell.Crawford@dhs.gov



www.losangeles.feb.gov

Purchase Form

Registrations for Pre-Retirement Training will be accepted until class is full or January 19,2009

**Please Fax or Mail this form to the FEB Staff Office
501 W. Ocean Blvd., Suite 3200, Long Beach, CA 90802
or FAX (562) 951-6902**

Contact Person: _____ Email: _____
Phone: _____ Fax: _____
Agency: _____
Address: _____
City: _____ State: _____ Zip: _____

Please list names of those who will attend the January 26, 2009 CSRS Course below:

1. _____ Email _____
2. _____ Email _____

Please list names of those who will attend the January 27, 2009 FERS Course below:

1. _____ Email _____
2. _____ Email _____

Method of payment: ☐ Enclosed Check ☐ Credit Card

Credit Card Information: ☐ Master Card ☐ Visa

Full name as it appears on credit card: (Please Print) _____

Approving Signature: _____

Credit Card No.: _____

Expiration Date: _____ Mo. _____ Year _____

Additional names
and emails may
be submitted on a
separate sheet!

Total amount authorized for this purchase \$

